



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes /Updates: 85-13 Reissued

No. 98 - 15

Date 10/15/98

Re: Emergency
Patient
Destinations

Page 1 of 2

This policy is intended to clarify the responsibilities of an ambulance service in regard to the transportation destination of an emergency patient being transported by the service.

BACKGROUND

Article 30 of the Public Health Law defines an ambulance service to mean an individual ..., engaged in providing emergency medical care and the transportation of sick injured persons by motor vehicle, aircraft or other form of transportation to, from, or between facilities providing hospital services. Part 800, the State EMS code uses a similar definition. Neither state any requirement with regard to patient destinations.

The New York State Emergency Medical Services Council has made the following statements concerning the transport of emergency patients:

All ambulance patients can expect to be informed of the need to be taken to a medical facility capable of providing appropriate emergency medical care¹.

The triage and transport of out of hospital patients must be based upon established principles of emergency medical practice, including pre-established state and regional medical protocols and guidelines. For any given patient, the appropriateness of the receiving facility to provide emergency care is a medical decision. Therefore, the direction or redirection of a transporting vehicle cannot be made without medical approval based upon established Regional Emergency Medical Services System protocols².

¹ Ambulance Patient's Bill of Rights, NYSEMS Council, 1998 Emergency Medical Services Plan

² Access to Emergency Care in a Managed Care Environment, NYSEMS Council, 1998 Emergency Medical Services Plan

POLICY

It is the expressed policy of the Department that a patient, in need of emergency medical care be taken to the nearest appropriate health care facility capable of treating the illness, disability or injury of the patient. Ambulance services are under no obligation to transport patients to medical facilities not licensed under Article 28 of the Public Health Law. Ambulance services *may* make transports to facilities such as physicians' offices, HMO's, MCO's, or other destinations. However, the ambulance crew must be aware of the emergency care capabilities of such facilities at the time of the patient request.

A patient's choice of hospital or other facility should be complied with unless contraindicated by state, regional or system/service protocol or the assessment by a certified EMS provider shows that complying with the patient's request would be injurious or cause further harm to the patient. Patient transfer can be arranged following emergency care and stabilization. In such cases, the EMT should fully document the patient's request and the reasons for the alternate destination decision, including any medical control consultation.

DIVERSION REQUESTS

A hospital may notify the EMS community of its temporary inability to provide care in the emergency department (ED) and request ambulances divert patients to an alternate hospital facility. This request may be honored by EMS providers. A diversion request does not mean the hospital ED is closed but usually means the current emergency patient load exceeds the ED's ability to handle additional patients promptly. If the patient's condition is unstable and the hospital requesting diversion is the closest appropriate hospital, ambulance service personnel should notify the hospital of the patient's condition and expected arrival. This procedure should also be followed when a patient demands transport to a facility on diversion. The hospital may not refuse care for a patient presented.

Issued:

John J. Clair
Associate Director - Operations

Authorized:

Edward G. Wronski
Director